

4070

AGE should be stated EXACTLY. PHYSICIANS should state CAUSE OF DEATH in Plain terms, that it may be properly classified. If any item can not be obtained insert word "unknown." Make every effort possible to secure this information. Incorrect certificates will be returned for correction.

PLACE OF DEATH		ARIZONA STATE BOARD OF HEALTH	
County	<u>Moussaj</u>	BUREAU OF VITAL STATISTICS	State Index No. <u>216</u>
District	<u>Pine Top</u>	ORIGINAL CERTIFICATE OF DEATH	
Town	<u>Pine Top</u>	County Registered No. <u>7</u>	
Or City	<u>Pine Top</u>	Local Registrar's No.	
No. St. (If death occurred in a Hospital or Institution, give its NAME in stead of street and number.)			
FULL NAME <u>Rorella Penrod</u>			
PERSONAL AND STATISTICAL PARTICULARS		MEDICAL CERTIFICATE OF DEATH	
SEX <u>white</u>	Color or Race White Indian Black Chinese Mexican	DATE OF DEATH <u>Jan</u> <u>22</u> 191 <u>4</u> (Month) (Day) (Year)	
SINGLE MARRIED WIDOWED or DIVORCED		I hereby certify, that I attended deceased from 191...to.....191...; that I last saw h..... alive on.....191... and that death occurred on the date stated above at.....M. The DISEASE or INJURY causing Death was as follows: <u>Red Cold & throat</u> <u>trouble</u>	
DATE OF BIRTH <u>April</u> <u>12</u> 191 <u>0</u> (Month) (Day) (Year)		(Duration).....yrs.....mos.....days.....	
AGE <u>3</u> <u>9</u> yrs. mos. days hrs., or min.		Was disease contracted in Arizona? <u>yes</u>	
OCCUPATION (a) Trade, profession or particular kind of work..... (b) General nature of industry, business, or establishment in which employed or (employer).....		If not, where? <u>3</u>	
BIRTHPLACE (State or country) <u>Pine Top</u>		CONTRIBUTORY (Duration).....yrs.....mos.....days.....	
NAME OF FATHER <u>Albert Penrod</u>		(Signed)	
BIRTHPLACE OF FATHER (State or country)191... (Address).....	
MAIDEN NAME OF MOTHER <u>Mary Cathern Beckwith</u>		*In deaths from VIOLENT CAUSES state (1) MEANS OF INJURY, and (2) whether ACCIDENTAL, SUICIDAL, or HOMICIDAL.	
BIRTHPLACE OF MOTHER (State or county) <u>Smith Jordan Mich</u>		LENGTH OF RESIDENCE	
THE ABOVE IS TRUE TO THE BEST OF MY KNOWLEDGE		At place of death.....yrs.....mos.....ds. In Arizona.....yrs.....mos.....ds.	
(Informant)		Former or Usual Residence..... <u>Pine Top</u>	
(Address)		Filed	
PLACE OF BURIAL OR REMOVAL <u>Pine Top</u>	DATE OF BURIAL OR REMOVAL <u>Jan</u> <u>22</u> 191 <u>4</u>191... Local Registrar	
UNDERTAKER <u>Ed Penrod</u>	ADDRESS <u>Pine Top</u>	Filed	
	1914 <u>Albert Penrod</u> County Registrar	